



MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Director

STRUCTURE DEMOLITION APPLICATION

INSPECTION REQUESTED : Demolition _____ Partial demolition _____

of Structures Less than 500 SQ FT _____

of Structures 500- 4999 SQ FT _____

of Structures 5000-9999 SQ FT _____

of Structures 10,000 SQ FT & Greater _____

**APPLICATION MUST BE FILLED OUT COMPLETELY. INCOMPLETE APPLICATIONS WILL
DELAY THE INSPECTION PROCESS.**

Property Address: _____ **City:** _____ **Zip Code:** _____

Tax Parcel #: _____

Property Owner: _____

Name of Applicant: _____ **Company:** _____

Mailing/Payment Address: _____

City/State: _____ **Zip:** _____ **Phone:** _____

Inspection contact person: _____ **Phone:** _____

Applicant relation to property (circle one): Owner Contractor Manager Other _____

Applicant's Signature _____ **Date** _____

Office Use Only: [] APPROVE [] DISAPPROVE BY: _____ DATE: _____

NOTES:

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www.MecklenburgCountyNC.gov